FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAIGN DISCLOSURE E

2012 OCT 19 PM 3: 43

COMMITTEE NAME (Must be same as on Statement of	Organization)			
Freitag for Auditor			FORM	
iMPORTANT: Indicate by # type of committee you are reportin (1) Statewide/Legislative/Judge Standing for Retention Candid (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) Sci 11) Local Ballot Issue	ete (2)State PAC (3)State Party Candidate (7)School Board or Other Political		DR-2 (Rev. 12/2009) For Office Use On Comm. #	
CANDIDATE COMMITTEES ONLY:		<b>-</b>	Logged In	
Candidate Name	Political Party (if applicable)	11	Scanned	
Dennis Freitag	Republican			
Office Sought Clayton County Auditor	District (if Senate or House)		Audited	
Late reports are subject to possible civil and criminal penaltle candidate's committee, and the chairperson, for any other type	e of committee, is the individual responsible	7) and 6 for filing	8A.401(3), the car timely and accura	didate, for a te reports.
SIGNATURE OF PERSON FILING PEPORT	563-245-1347		10/19	117
SIGNATURE OF PERSON FILING BEPORT	TELEPHONE	_	DATE SI	GNED
I AM FILING A October 19, 2012	REPORT FOR (1) ELECTION (	(2)NON	-FLECTION YEA	R
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED	L	ocal Cor	nmittees, enter Date	of Election
Check if this is final (termination) report and attach Noi (You must continue to file reports until a DR-3 is	filed.)	ounty & hich Elec Claytor	Local Committees, ction is held	enter County in
STATEMENT OF CASH ON H	AND			Commence of the Commence of th
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	\$	42.18	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sc	chedule A) (*also see in-kind below)	******	525.00	
Schedule F: Loans Received total (Attach Sche				3
Schedule H: Total Sales of Campaign Property				
(Schedule H applies to Candidates' C				
	SUB-TOTAL	\$	567.18	
SUBTRACT TOTAL MONEY SPENT THIS PER	RIOD			
Schedule B: Expenditures total (Attach Schedule	e B) (*also see debts and loans below)			
Schedule F: Loan Repayments total (Attach Sch				
CASH ON HAND at the end of this reporting period (if fina			567.18	is Is
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00	SPECIAL PROPERTY OF
IN KIND CONTRIBUTIONS (From Schedule E - Attach S	chedule E)	\$	0.00	(6)
*OUTSTANDING LOANS (From Schedule F - Attach Sch			811.75	The state of the s
CONSULTANT BREAKDOWN (Schedule G Attached?)		•	YES N	0
CANDIDATE COMMITTEES ONLY:				_
ALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	5	0.00	
STATE COMMITTEES: Submit a reconciled campaign ac	CONTROL CONTRO			

SCHEDULE

MONETARY

## For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Freitag for Auditor	-	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B 32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FO FUND RAISE INCOM
9-13-12	ID#	William & Annotte Reimer 21535 Grandview Rd Elkader, IA 52043		\$25.00	INCOV
9-27-12	9043 CK#	Clayton County Republican Central Comm 30844 215th St Garnavillo, IA 52049		500.00	
	ID#				
	CK#		-		
	CK#	1			
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	CK#			_	
	CK#				,
	ID#				
	CK#		SUB TOTAL		
		TOTAL (If last page	SUB-TOTAL of this schedule)	\$ 525.00 \$ 525.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the \*Disclosure law requires candidate committees to discress the relationship or any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule A)

\$ 525.00

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